

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582360

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
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28	/					
29	/					
30	/					
31						
32						
33			2			
34			2			
35			2			
36			2			
37			2			
38			2			
39			1			
40			1			
41			2			
42			2			
43			2			
44			2			
45			2			
46			2			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54						
55						
56					1	2
57					2	
58					2	
59					1	
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97						
98						
99						
100						
TOTAL IND.					12	
TOTAL DEP.					32	
TOTAL CLAIMS					44	